

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10/521863**

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):

4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Filing
Amendment
Extension of Time
Notice of Appeal/Appeal
Petition
Issue
Cert of Correction/Terminal Disc.
Maintenance
Assignment
Other

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY:

10 REASON:
Overpayment
Duplicate Payment
No Fee Due (Explanation):

Treasury Check  
Credit Deposit A/C #:  
9 

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11 REFUND REQUESTED BY: \_\_\_\_\_

TYPED/PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

Adjustment Date: 06/17/2005 PKIDWELL  
01/27/2005 HAJARU 5585339 141270 10521863  
62 FC1632 500.00 CR

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**